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Bib Data Sheet

CONFIRMATION NO. 6983

<b>SERIAL NUMBER</b> 09/941,243	<b>FILING DATE</b> 08/28/2001 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2154	<b>ATTORNEY DOCKET NO.</b> P0423
<b>APPLICANTS</b> Geoffrey B. Rhoads, West Linn, OR;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/464,307 12/15/1999 PAT 6,286,036 WHICH IS A DIV OF 09/130,624 08/06/1998 PAT 6,324,573 WHICH IS A CON OF 08/508,083 07/27/1995 PAT 5,841,978				
<b>** FOREIGN APPLICATIONS *****</b> <i>yes w.</i> <i>none w.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/02/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>None</i> Acknowledged <i>None</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 14
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23735				
<b>TITLE</b> Internet linking from audio and image content				
<b>FILING FEE RECEIVED</b> 870	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	